

State of
**SOUTH
CAROLINA**

**NURSE AIDE
CANDIDATE
HANDBOOK**

May 2004

*To navigate through this document,
click on the the bookmarks in the
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TABLE OF CONTENTS

QUICK REFERENCE

PRINT HANDBOOK



QUICK REFERENCE

NACES Plus FOUNDATION, INC.

South Carolina NNAAP™
7600 Burnet Road, Suite 440
Austin, TX 78757-1292
(800) 273-3517
Fax: (512) 452-3842

Hours of Operation 8:30 a.m. – 5:30 p.m.

Call NACES Plus Foundation, Inc. to:

- Obtain a Candidate Handbook
- Obtain an application for testing
- Obtain a self-sponsor information packet
- Obtain registration information
- Cancel and/or reschedule an examination
- Arrange special examination requests and services
- Change your current address or name **before** testing
- Request an excused absence

Refer any additional questions to:

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES Division of Community and Facility Services

PO Box 8206
1801 Main Street
Columbia, SC 29202
(803) 898-2590

Email: SCNAR@DHHS.STATE.SC.US

Hours of Operation 8:30 a.m. – 5:00 p.m.

PROMISSOR
South Carolina NNAAP™

PO Box 13785
Philadelphia, PA 19101-3785
(800) 475-8290

Hours of Operation 8:00 a.m. – 5:00 p.m.

Call Promissor to:

- Obtain information regarding your Score Report
- Obtain information about re-certification on the Registry
- Change your current address or name **after** testing
- Request a duplicate Score Report or Nurse Aide Certificate
- Obtain information regarding your examination
- Obtain or complete a Reciprocity Application
- Clarify information about the Registry

Go to Promissor's Website (www.promissor.com) to:

- Download a Candidate Handbook
- Download an Application
- Download an Application for Enrollment by Reciprocity
- View Regional Test Site testing dates
- Download a Nurse Aide Practice Written Examination
- View the NA Program Overview
- Download a Training Program Packet
- View State-Approved NA Training Programs (by City)
- View Medicaid Certified Nursing Facilities (by County)
- View Frequently Asked Questions
- View the Medicaid Bulletin
- View a list of the Nurse Aide Registries (by State)
- Check the current listing on the South Carolina Nurse Aide Registry

TABLE OF CONTENTS

QUICK REFERENCE.....	inside front cover
INTRODUCTION.....	1
National Nurse Aide Assessment Program	1
Exam Overview.....	1
ELIGIBILITY	2
New Nurse Aides	2
Out-of-State Training	3
SPONSORSHIP ROUTES	3
APPLICATION AND SCHEDULING.....	7
Filling Out an Application	7
Exam Fees	7
Exam Scheduling.....	8
Admission Tickets	8
Testing Locations	9
Special Exam Requests and Services.....	9
Telecommunication Devices for the Deaf (TDD)	10
CANCELLATION AND RE-SCHEDULING	10
Absence Policy	10
Weather Emergencies	11
THE WRITTEN (OR ORAL) EXAM	11
Written Exam.....	11
English or Spanish Oral Exam	12
WRITTEN (OR ORAL) EXAM CONTENT OUTLINE.....	13
SAMPLE QUESTIONS	14
THE SKILLS EVALUATION.....	15
What to Expect	15
Check-in.....	15
Setting	15
The Tasks	15
Who Will Evaluate My Skills?.....	15
Who Will Act as a Client?.....	16

continued on next page

SKILLS LISTING	17
EXAM DAY	37
What to Bring.....	37
Skills Evaluation Volunteer Requirement	37
Security and Cheating	38
Testing Policies.....	38
Lateness.....	38
Electronic Devices.....	38
Study Aids.....	38
Eating/Drinking/Smoking.....	39
Misconduct.....	39
Guests/Visitors	39
SCORE REPORTING	39
Exam Results	39
Written (or English or Spanish Oral) Exam.....	39
Skills Evaluation	39
Failing	40
Passing	40
Duplicate Score Report.....	41
THE REGISTRY	41
Change of Address or Name.....	41
Re-certification	42
Renewal Notice.....	42
Re-certification Fee	42
Certificate and Wallet Identification Card	43
Lapsed Certification	43
Certification by Reciprocity	44

APPENDIX

- Appendix A: Request for Duplicate Score Report
or Handscored Answer Sheet Form**
- Appendix B: Change of Address or Name Form**

Promissor and NACES Plus Foundation, Inc. do not discriminate on the basis of age, sex, race, creed, disabling condition, religion, national origin, or any other protected characteristics.

INTRODUCTION

This handbook is designed for candidates seeking nurse aide certification in South Carolina. It describes the process of applying for and taking the National Nurse Aide Assessment Program (NNAAP™) Examination.

The South Carolina Department of Health and Human Services (DHHS) has contracted with Promissor, a nationally recognized leading provider of assessment services to regulatory agencies and national associations. Promissor will develop, score, and report the results of the NNAAP™ Examination for the South Carolina Nurse Aide Registry. The Nurse Aide Competency Evaluation Service (NACES) will be working with Promissor to schedule and administer the examination.

NATIONAL NURSE AIDE ASSESSMENT PROGRAM (NNAAP™)

Promissor, together with the National Council of State Boards of Nursing, Inc., has developed, the National Nurse Aide Assessment Program to meet the nurse aide evaluation requirement of federal and state laws and regulations.

The Nursing Home Reform Act, adopted by Congress as part of the Omnibus Budget Reconciliation Act of 1987 (OBRA '87), was designed to improve the quality of care in long-term health care facilities and to define training and evaluation standards for nurse aides who work in such facilities. Each state is responsible for following the terms of this federal law.

The NNAAP™ Examination is a measure of nurse aide-related knowledge, skills, and abilities. The NNAAP™ Examination is made up of both a Written (or English or Spanish Oral) Examination and a Skills Evaluation. The purpose of the NNAAP™ Examination is to make sure that you understand and can safely perform the job of an entry-level nurse aide.

EXAM OVERVIEW

The two parts of the NNAAP™ Examination process, the Written (or English or Spanish Oral) Examination and the Skills Evaluation, will be administered on the

same day. You must pass both parts in order to be certified and listed on the South Carolina Nurse Aide Registry. You must pass both the Written (or Oral) Examination and the Skills Evaluation in a twenty-four (24) month period in order to obtain your nurse aide certification in South Carolina.

The Written Examination consists of seventy (70) multiple-choice questions written in English. Sample examination questions are provided in this handbook.

An Oral Examination available in either English or Spanish may be taken in place of the Written Examination if you have difficulty reading English. The English or Spanish Oral Examination consists of sixty (60) multiple-choice questions and ten (10) multiple-choice reading comprehension questions provided on a cassette tape. You will be asked to listen to a cassette tape of the Oral Examination and follow along in the test booklet as the questions are read aloud on the tape. If you want to take the Oral Examination, you must request it when you submit your application.

At the Skills Evaluation you will be asked to perform five (5) randomly selected nurse aide skills. You will be given twenty-five (25) minutes to complete the five (5) skills. You will be rated on these skills by a Nurse Aide Evaluator. You must successfully demonstrate four (4) skills in order to pass the Skills Evaluation. A complete listing of the skills is shown on pages 15 to 34.

See *The Written (or Oral) Exam* and *The Skills Evaluation* for more details about the NNAAP™ Examination.

ELIGIBILITY

NEW NURSE AIDES

All new nurse aide candidates applying to take the NNAAP™ Examination in South Carolina must have successfully completed a state-approved nurse aide training program. All candidates who are employed as nurse aides or have a written offer of employment from a Medicaid-certified nursing home are required to be sponsored by that nursing home.

If you are an LPN or RN student and you have questions regarding eligibility, please contact the South Carolina Department of Health and Human Services at (803) 898-2590.

OUT-OF-STATE TRAINING

A nurse aide candidate who was trained out-of-state and is seeking certification in South Carolina must have completed training at a state-approved program *on or after* July 1, 1989. You must complete the *Application for Registration by Examination*, and attach a copy of your training program diploma or certificate of completion. **The diploma or certificate must include either a state seal or the number of classroom and clinical hours.** When filling out the application, the Training Program Code and Signature of Training Instructor areas of Section 8 may be left blank, as well as all of Section 9.

SPONSORSHIP ROUTES

You **MUST** complete an *Application for Registration by Examination* to apply for testing under any of the following sponsorship routes. The completed application, fees, and a copy of the training program's certificate of completion, or an original letter from the training program stating that training has been completed, must be submitted to NACES.

If an original letter is sent with the application as proof of training, this original letter must be written on the training program's letterhead and must include: (1) the nurse aide candidate's name; (2) the nurse aide candidate's date of training program completion; (3) the training program code number; and (4) the signature of the instructor, director, or administrator of the training program.

S1 Medicaid Sponsor:

Candidates using Route S1 **MUST** be currently employed or have a letter of intent for employment on a permanent, part-time, or full-time basis in a Medicaid-certified nursing home. This sponsorship route does **NOT** apply to candidates who simply did their clinical training at a Medicaid-certified nursing home. The nursing home must pay NNAAP™ Examination testing, re-testing, and re-certification fees for S1 candidates.

Your examination application **MUST** contain the following information:

Application Sections:

- #1:** Social Security number and date of birth
- #2-4:** Name, mailing address (**NOT** the sponsor's mailing address), and daytime telephone number
- #5:** Type of examination and fee amount enclosed
- #6:** Location where you wish to test
- #7:** Medicaid Sponsorship Route (S1) **MUST** be selected.
- #8:** Training program information, including the name of the training program, the 5-digit training program code, the training program completion date and signature of the training program representative (which includes the instructor, director, or administrator) **MUST** be provided. (By signing the application, the program representative attests that the candidate has completed the state-approved nurse aide training program.)
- #9:** Sponsor information, including 5-digit sponsor code and signature of sponsor **MUST** be provided. (By signing the application, the sponsor attests that the candidate is currently employed or has a letter of intent for employment from the nursing home.)
- #10:** You must sign and date the statement.

S2 Non-Medicaid Sponsor:

Candidates using Route S2 are sponsored by a training program, hospital, or health care agency to take the examination. Candidates testing under this sponsorship route may pay their own examination fees. The non-Medicaid sponsor has the option to pay the examination fees for the candidates they sponsor.

Your examination application **MUST** contain the following information:

Application Sections:

- #1:** Social Security number and date of birth
- #2-4:** Name, mailing address (**NOT** the sponsor's mailing address), and daytime telephone number
- #5:** Type of examination and fee amount enclosed.
- #6:** Location where you wish to test
- #7:** Medicaid Sponsorship Route (S2) **MUST** be selected.
- #8:** Training program information, including the name of the training program, the 5-digit training program code, the training program completion date and signature of the training program representative (which includes the instructor, director, or administrator) **MUST** be provided. (By signing the application, the program representative attests that the candidate has completed the state-approved nurse aide training program.)
- #9:** Sponsor information, including 5-digit sponsor code and signature of sponsor **MUST** be provided.
- #10:** You **MUST** sign and date the statement.

S3 Self-Sponsor:

Candidates using Route S3 are not employed, nor do they have an offer of employment at a Medicaid-certified nursing home. Self-sponsor candidates **MUST** submit the examination fee with the completed application.

Your examination application **MUST** contain the following information:

Application Sections:

- #1:** Social Security number and date of birth
- #2-4:** Name, mailing address, and daytime telephone number
- #5:** Type of examination and fee amount enclosed.
- #6:** Location where you wish to test
- #7:** Self-Sponsorship Route (S3) **MUST** be selected.
- #8:** Training program information, including the name of the training program, the 5-digit training program code, the training program completion date and signature of the training program representative (which includes the instructor, director, or administrator) **MUST** be provided. (By signing the application, the program representative attests that the candidate has completed the state-approved nurse aide training program.)
- #9:** This section of the application should be left blank.
- #10:** You **MUST** sign and date the statement.

APPLICATION AND SCHEDULING

FILLING OUT AN APPLICATION

- You may get an examination application from your nursing facility employer or your nurse aide training program, or by contacting NACES. You may also download one at the Promissor web site.
- You are responsible for completing the appropriate sections of the Examination Application. You may ask someone from your nurse aide training program or facility employer for assistance in completing the application.
- If you need help or have any questions about the application, please contact a NACES Customer Service Representative at (800) 273-3517.
- All required documentation (application, fee, and a copy of your training program's certificate of completion) must be received twelve (12) business days before the examination date.
- Mail your completed application, a copy of your training program's certificate of completion, and appropriate fees **together in one envelope** to:

NACES Plus Foundation, Inc.

South Carolina NNAAP™

7600 Burnet Road, Suite 440

Austin, TX 78757-1292

EXAM FEES

The fees listed below have been established for the NNAAP™ Examination in South Carolina.

Written Examination & Skills Evaluation	<i>(both)</i>	\$86
English Oral Examination & Skills Evaluation	<i>(both)</i>	\$104
Spanish Oral Examination & Skills Evaluation	<i>(both)</i>	\$104
Written Examination ONLY	<i>(re-test)</i>	\$36
English Oral Examination ONLY	<i>(re-test)</i>	\$54
Spanish Oral Examination ONLY	<i>(re-test)</i>	\$54
Skills Evaluation ONLY	<i>(re-test)</i>	\$50

The first time you test, you must schedule both the Written (or Oral) Examination and the Skills Evaluation.

Under federal and South Carolina state laws, candidates employed as nurse aides in nursing homes that participate in Medicaid/Medicare programs are prohibited from paying their examination fees. Employers must pay the examination fee and any ***re-test fee for those candidates in their employ as nurse aides*** or candidates who have a written commitment or signed acceptance of employment on file in a Medicaid-certified nursing home. Candidates not employed as nurse aides are permitted to pay their own examination fee.

Payment must be made in the form of a money order, certified check, or company check made payable to “NACES”. Even if it is from your employer, the money order, certified check, or company check must display your name so it can be applied to your examination. If you are not currently employed in a nursing home, you may pay the fee yourself. Company checks may pay for more than one candidate. **Personal checks and cash will not be accepted.** Fees are non-refundable and non-transferable once submitted to NACES because they cover the administrative costs of registration and testing.

EXAM SCHEDULING

Once NACES receives your application, required documents, and fees, they will schedule you for testing. You will not be scheduled to test until all required materials are received. NACES will mail your Admission Ticket to you at the address listed on your application within forty-eight (48) hours after they receive your materials (application, documents, and fees).

ADMISSION TICKETS

Your Admission Ticket has important information about the examination. If you do not get your ticket within ten (10) business days, call NACES. NACES is NOT responsible for lost, misdirected, or delayed mail.

TESTING LOCATIONS

The NNAAP™ Examination is given by NACES at Regional Test Sites. The chart on the following page shows a listing of Regional Test Sites and how often testing takes place at those sites.

Test Site Code	Location	Frequency
RTS41020	Aiken	6x/year
RTS41019	Charleston	2x/month*
RTS41002	Columbia	2x/month*
RTS41018	Conway	1x/month
RTS41008	Florence	3x/month*
RTS41009	Greenville	2x/month*
RTS41015	Greenwood	6x/year
RTS41011	Pendelton	1x/month
RTS41012	Rock Hill	1x/month
RTS41013	Spartanburg	1x/month

**This testing site will conduct testing only once a month during certain times of the year. Check the Promissor Web site for the latest schedule.*

The availability and frequency of testing at these locations are subject to change.

The exact testing schedule, titled *SC Test Sites & Schedules*, is available on the Promissor Web site (www.promissor.com).

SPECIAL EXAM REQUESTS AND SERVICES

Promissor complies with the provisions of the Americans with Disabilities Act (42 U.S.C. § 12101 *et seq.*) and Title VII of the Civil Rights Act, as amended (42 U.S.C. § 2000e *et seq.*), in accommodating disabled candidates who need special arrangements to take the examination.

If you have a disability, you must ask for special arrangements for testing when you apply. All requests must be approved in advance by NACES. Be sure to explain the specific type of help you need and enclose proof of the need (diagnosed disability) from your health care provider. Nurse Aide Evaluators administering the Written (or English or Spanish Oral) Examination and the Skills Evaluation will be prepared to meet the needs of nurse aide candidates who have disabling conditions.

TELECOMMUNICATION DEVICES FOR THE DEAF (TDD)

Promissor is equipped with Telecommunication Devices for the Deaf (TDD) to assist deaf and hearing-impaired candidates. TDD calling is available during all Promissor hours through a special toll-free number, (800) 274-2617. This TDD phone option is for the express use of individuals equipped with compatible TDD machinery.

CANCELLATION AND RE-SCHEDULING

If you are unable to attend your scheduled examination, you **MUST** call NACES by 12:00 noon **at least five (5) business days** before the examination date to re-schedule (Saturday and Sunday and national holidays are not considered business days). If you do not call NACES **at least five (5) business days** in advance of your examination date to re-schedule, and do not show up for your scheduled examination, your fee will **NOT** be refunded and cannot be transferred to a new examination date. You may not give your examination date to another person.

If you notify NACES in time, there is no penalty and your fee may be transferred to your new examination date. If your employer paid for your examination fee, you should tell them about missing the examination. Let them know how you have handled re-scheduling and when you plan to re-test.

ABSENCE POLICY

Since unexpected situations sometimes occur, NACES will consider excusing an absence from a scheduled examination in certain situations.

Acceptable reasons for re-scheduling are as follows:

- Illness of yourself or a member of your immediate family
- Death in the family
- Disabling traffic accident
- Court appearance or jury duty
- Military duty
- Weather emergency

Requests for excused absences must be made in writing and received ***within ten (10) business days*** following the scheduled examination. This request must include verification of your absence from an appropriate source. For example, if you had jury duty, you must supply a copy of your court notice.

The decision of NACES will be final regarding whether an absence is excused and whether you must pay the examination fee if you are absent.

WEATHER EMERGENCIES

Examinations will be delayed or cancelled only in emergencies. If severe weather or a natural disaster makes the test center inaccessible or unsafe, the examination will be delayed or cancelled. If the examination has been cancelled, you will be re-scheduled for the next available examination at that site.

THE WRITTEN (OR ORAL) EXAM

WRITTEN EXAM

The Nurse Aide Evaluator will hand out materials and give instructions for taking the Written Examination. The Written Examination has seventy (70) multiple-choice questions. You will have two (2) hours to complete the Written Examination. You will be told when fifteen (15) minutes remain in order to finish. Fill in only one (1) oval on the answer sheet for each question. Markings in the test booklet will **NOT** be accepted as answers. Your answers must appear on the separate answer sheet. Sample questions for the Written Examination are located on page 12.

Your Written Examination will contain “pre-test” questions. Pre-test questions are included for collecting statistical information used in constructing future examinations. Your responses to pre-test questions do not affect your score. Pre-test questions are mixed in with the scored questions and are not identified.

ENGLISH OR SPANISH ORAL EXAM

An English or Spanish Oral Examination may be taken in place of the Written Examination if you have difficulty reading English. You must request an English Oral or Spanish Oral Examination when filling out your application. The Oral Examination is provided on a cassette tape. A cassette player and earphones are provided at the test center. You will be asked to listen to a tape of the Oral Examination and follow along in the test booklet as the questions are read aloud on the tape.

The English Oral or Spanish Oral Examination consist of two (2) parts, and you must pass both parts in order to pass the Oral Examination. The first part of the Oral Examination has sixty (60) multiple-choice questions. Each of these questions is read twice. As each question is read, you will be asked to choose the correct answer and mark it on your answer sheet.

The second part of the English Oral or Spanish Oral Examination has ten (10) multiple-choice questions. If you are taking the Spanish Oral Examination, this part of the test is recorded and written in English. These questions test your ability to speak a minimum amount of English by recognizing common words used as a nurse aide in long-term care facilities. Each word is read three (3) times. You are asked to match the word you hear on the tape to the written word in the test booklet. As you find the match, you mark your answer on the answer sheet.

The Oral Examination takes two (2) hours to complete. You will be told when fifteen (15) minutes remain in order to finish. Fill in only one (1) oval on the answer sheet for each question. You may write in the test booklet, but markings in the test booklet will **NOT** be accepted as answers. Your answers must appear on the separate answer sheet.

WRITTEN (OR ORAL) EXAM CONTENT OUTLINE

The Written (or English or Spanish Oral) Examination is comprised of seventy (70) multiple-choice questions. Ten (10) of these questions are pre-test (non-scored) questions on which statistical information will be collected.

The Oral Examination is comprised of sixty (60) multiple-choice questions and ten (10) word recognition (or reading comprehension) questions.

I. Physical Care Skills

- A. Activities of Daily Living 7% of exam
(4 questions)
 - 1. Hygiene
 - 2. Dressing and Grooming
 - 3. Nutrition and Hydration
 - 4. Elimination
 - 5. Rest/Sleep/Comfort
- B. Basic Nursing Skills 37% of exam
(22 questions)
 - 1. Infection Control
 - 2. Safety/Emergency
 - 3. Therapeutic/Technical Procedures
 - 4. Data Collection and Reporting
- C. Restorative Skills 5% of exam
(3 questions)
 - 1. Prevention
 - 2. Self-Care/Independence

II. Psychosocial Care Skills

- A. Emotional and Mental Health Needs 10% of exam
(6 questions)
- B. Spiritual and Cultural Needs 3% of exam
(2 questions)

III. Role of the Nurse Aide

- A. Communication 10% of exam
(6 questions)
- B. Client Rights 15% of exam
(9 questions)
- C. Legal and Ethical Behavior 5% of exam
(3 questions)
- D. Member of the Health Care Team 8% of exam
(5 questions)

SAMPLE QUESTIONS

The following questions are samples of the kinds of questions that you will find on the Written (or Oral) Examination. Check your answers to these questions in the box below.

- 1. The client's call light should always be placed:**
 - (A) on the bed
 - (B) within the client's reach
 - (C) on the client's right side
 - (D) over the side rail
- 2. Which of the following items is used in the prevention and treatment of bedsores or pressure sores?**
 - (A) Rubber sheet
 - (B) Air mattress
 - (C) Emesis basin
 - (D) Restraint
- 3. When caring for a dying client, the nurse aide should:**
 - (A) keep the client's room dark and quiet
 - (B) allow client to express his feelings
 - (C) change the subject if client talks about death
 - (D) contact the client's minister, priest or rabbi
- 4. What does the abbreviation ADL mean?**
 - (A) Ad Lib
 - (B) As Doctor Likes
 - (C) Activities of Daily Living
 - (D) After Daylight
- 5. After giving a client a back rub, the nurse aide should always note:**
 - (A) the last time the client had a back rub
 - (B) any change in the client's skin
 - (C) client's weight
 - (D) amount of lotion used
- 6. How should the nurse aide communicate with a client who has a hearing loss?**
 - (A) Face the client when speaking
 - (B) Repeat the statement
 - (C) Shout so that the client can hear
 - (D) Use a high-pitched voice

1. B 2. B 3. B 4. C 5. B 6. A

Correct Answers

THE SKILLS EVALUATION

WHAT TO EXPECT

Check-in

When you arrive, you will present your Admission Ticket and two (2) forms of identification to the Nurse Aide Evaluator. One form of identification must be a photo identification. See *What to Bring* for other required items. Once you are admitted, you will be asked to report to the Skills Evaluation area.

Setting

The Skills Evaluation resembles an actual care-giving situation. The Skills Evaluation area will look similar to your work setting. It will have all the equipment necessary to perform the assigned skills. You will have an opportunity to view the equipment and see how it works.

The Tasks

You will be asked to perform five (5) nurse aide skills. These skills are randomly chosen from the complete skills listing on pages 15 to 34 of this handbook. Each skill has been broken down into a series of steps and represents a task that you will perform in your job. Some skills have **Critical Element Steps** (highlighted in bold type in the Skills Listing). Critical Element Steps are important steps that must be performed correctly in order to pass the skill. In addition to performing the Critical Element Steps correctly, you must also correctly demonstrate enough steps to meet the passing standard (or *cut score*) for each skill. You will have twenty-five (25) minutes to demonstrate all five (5) skills. **You must successfully demonstrate four (4) skills in order to pass the Skills Evaluation.**

Who Will Evaluate My Skills?

A trained Nurse Aide Evaluator will rate your performance of the skills. If you make a mistake, say so, and you will be allowed to go back and begin from where you feel you made the error. You will have one opportunity during each skill to correct a mistake.

Once you have begun a new skill, you may not go back to a previous skill. The Nurse Aide Evaluator will not answer questions during the Skills Evaluation and will not tell you whether you performed a skill correctly. You may not receive help from anyone during the Skills Evaluation. If you do have any questions, please ask them **before** the Skills Evaluation begins.

See pages 15-34 for the complete skills listing.

Who Will Act as a Client?

The part of the “client” will be played by a volunteer pretending to be a weakened elderly person.

While you perform the skills, speak to the volunteer as you would speak to an actual client in a nurse aide work setting. You are encouraged to speak to the volunteer not only because it is part of quality care, but also because it will help you to relax as you perform the skills.

Please note that you will need to act as a volunteer for another nurse aide candidate’s Skills Evaluation. You will be expected to play the role of a nursing home patient. **Please make sure you wear loose-fitting clothing that makes your underarms, legs, and feet accessible.** A card with directions about how to volunteer will be given to you by the Nurse Aide Evaluator on the day of the Skills Evaluation.

SKILLS LISTING

The following is a list of skills that you may be asked to demonstrate. Within each skill is a list of the steps that should be performed to demonstrate the skill. **Critical Element Steps** are marked in bold type. If you leave out a Critical Element Step or do not perform a Critical Element Step properly, you will not pass the skill. Remember that performing only the Critical Element Steps correctly in a skill does not automatically mean that you will pass that skill. You must also correctly demonstrate enough steps to meet the passing standard (or *cut score*) for each skill.

During the evaluation, you will be asked to perform a series of skills referred to as a **scenario**. A scenario consists of five (5) skills. **You must successfully complete four (4) out of the five (5) skills in order to pass the Skills Evaluation.** You will be expected to perform the skills as you would in a nursing home setting. For instance, when water is required, you must use water. All candidates will be required to perform the “Washes Hands” skill. The Nurse Aide Evaluator will inform you after you have washed your hands for the first time that you may just tell the Nurse Aide Evaluator when you would wash your hands during your performance of the rest of the skills. Please note that after you have introduced yourself upon first contact with the client, it is not necessary for you to introduce yourself to the client each time you begin a new skill. Also, remember that it is important to place the call signal within the client’s reach whenever you leave the client. You will have twenty-five (25) minutes to demonstrate all five (5) skills.

NOTE: Where the word “**client**” appears, it refers to the person **receiving** care.

Washes Hands

SKILL 1

1. Turns on water at sink
2. Wets hands and wrists thoroughly
3. Applies skin cleanser or soap to hands
- 4. Lathers all surfaces of fingers and hands, including above the wrists, producing friction, for at least 10 (ten) seconds**

Skill continues

5. Rinses all surfaces of hands and wrists without contaminating hands
6. Uses clean, dry paper towel to dry all surfaces of hands, wrists, and fingers, without contaminating hands
7. Uses clean, dry paper towel; clean, dry area of paper towel; or knee to turn off faucet, without contaminating hands
8. Disposes of used paper towel(s) in wastebasket immediately after shutting off faucet

Measures and Records Weight of Ambulatory Client

SKILL 2

1. Washes hands before contact with client
2. Identifies self to client by name and addresses client by name
3. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
4. Starts with scale balanced at zero before weighing client
5. Assists client to step up onto center of the scale
6. Determines client's weight
7. Assists client off scale before recording weight
8. Before leaving client, places signaling device within client's reach
- 9. Records weight within \pm (plus or minus) 2 lbs. of evaluator's reading**
10. Washes hands as final step

Provides Mouth Care

SKILL 3

1. Washes hands before contact with client
2. Identifies self to client by name and addresses client by name
3. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
4. Provides for client's privacy throughout procedure with curtain, screen, or door
5. Before providing mouth care, ensures client is in an upright sitting position
6. Puts on gloves before cleaning client's mouth
7. Places towel across client's chest before providing mouth care

Skill continues

8. Moistens toothbrush or toothette
9. Applies toothpaste to toothbrush or toothette
- 10. Cleans entire mouth (including tongue and all surfaces of teeth), using gentle motions**
11. Assists client to rinse his or her mouth
12. Holds emesis basin to client's chin
13. Wipes client's mouth and removes towel
14. Disposes of soiled linen in soiled linen container
15. Maintains clean technique with placement of toothbrush or toothette throughout procedure
16. Cleans and returns implements to proper storage
17. After completing procedure, removes gloves without contaminating self and disposes of gloves appropriately
18. Repositions head of bed to client's choice
19. Before leaving client, places signaling device within client's reach
20. Leaves bed in lowest position
21. Washes hands as final step

Dresses Client with Affected Right Arm **SKILL 4**

1. Washes hands before contact with client
2. Identifies self to client by name and addresses client by name
3. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
4. Provides for client's privacy during procedure with curtain, screen or door
5. Asks client which outfit he/she would like to wear and dresses him/her in outfit of choice
6. Removes client's gown without completely exposing client
- 7. Assists client to put the right (affected) arm through the right sleeve of the shirt, sweater, or slip before placing garment on left (unaffected) arm**
8. Assists client to put on skirt, pants, or dress
9. Before standing client, places bed at a safe and appropriate level for client
10. Before standing client, applies non-skid footwear
11. Puts on all items, moving client's body gently and naturally, avoiding force and over-extension of limbs and joints

Skill continues

12. Finishes with client dressed appropriately (e.g., clothing right side out, zippers/buttons fastened, etc.) and seated
13. Places gown in soiled linen container
14. Before leaving client, places signaling device within client's reach
15. Washes hands as final step

Transfers Client from Bed to Wheelchair

SKILL 5

1. Washes hands before contact with client
2. Identifies self to client by name and addresses client by name
3. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
4. Provides for client's privacy during procedure with curtain, screen, or door
5. Positions wheelchair close to bed with arm of the wheelchair almost touching the bed
6. Before transferring client, folds up footrests
7. Before transferring client, places bed at a safe and appropriate level for the client
- 8. Before transferring client, locks wheels on wheelchair**
9. Before transferring client, supports client's back and hips and assists client to sitting position with feet flat on the floor
10. Before transferring client, puts non-skid footwear on client and securely fastens
11. With transfer (gait) belt: Stands in front of client, positioning self to ensure safety of candidate and client during transfer (e.g., knees bent, feet apart, back straight), places belt around client's waist, and grasps belt
Without transfer belt: Stands in front of client, positioning self to ensure safety of candidate and client during transfer (e.g., knees bent, feet apart, back straight, arms around client's torso under the arms)
12. Provides instructions to enable client to assist in transfer
13. Braces client's lower extremities to prevent slipping

Skill continues

14. Counts to three (or says other prearranged signal) to alert client to begin transfer
15. On signal, gradually assists client to stand
16. Assists client to pivot to front of wheelchair with back of client's legs against wheelchair
17. Lowers client into wheelchair
18. Repositions client with hips touching back of wheelchair and removes transfer belt, if used
19. Positions client's feet on footrests
20. Before leaving client, places signaling device within client's reach
21. Washes hands as final step

Assists Client to Ambulate

SKILL 6

1. Washes hands before contact with client
2. Identifies self to client by name and addresses client by name
3. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 4. Before ambulating, puts on and properly fastens non-skid footwear**
5. Before standing client, places bed at a safe and appropriate level for the client
6. Stands in front of and facing client
7. Braces client's lower extremities
8. With transfer (gait) belt: Places belt around client's waist and grasps the belt, while assisting client to stand
Without transfer belt: Places arms around client's torso under client's armpits, while assisting client to stand
9. With transfer belt: Walks slightly behind and to one side of client for the full distance, while holding onto the belt
Without transfer belt: Walks slightly behind and to one side of client for the full distance, with arm supporting client's back
10. After ambulation, assists client to a position of comfort and safety in bed and removes transfer belt, if used
11. Before leaving client, places signaling device within client's reach
12. Washes hands as final step

Cleans and Stores Dentures

SKILL 7

1. Washes hands before beginning procedure
2. Puts on gloves before handling dentures
3. Before handling dentures, protects dentures from possible breakage (e.g., by lining sink/basin with a towel/washcloth or by filling it with water)
4. Rinses dentures in cool running water before brushing them
5. Applies toothpaste or denture cleanser to toothbrush
6. Brushes dentures on all surfaces
7. Rinses all surfaces of dentures under cool running water
8. Rinses denture cup before placing clean dentures in it
9. Places dentures in clean denture cup with solution or cool water
10. Cleans and returns implements to proper storage
11. Places dentures in denture cup then returns denture cup to proper storage
12. Maintains clean technique with placement of dentures and toothbrush throughout procedure
13. Disposes of sink liner in appropriate container or drains sink
14. After completing procedure, removes gloves without contaminating self and disposes of gloves appropriately
15. Washes hands as final step

Performs Passive Range of Motion (ROM) for One Shoulder

SKILL 8

1. Washes hands before contact with client
2. Identifies self to client by name and addresses client by name
3. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
4. Provides for client's privacy throughout procedure with curtain, screen, or door
5. Supports client's arm at elbow and wrist, while performing range of motion for shoulder

Skill continues

6. Raises client's straightened arm toward ceiling and back toward head of bed and returns to flat position (flexion/extension)
(REPEAT AT LEAST 3 TIMES)
7. Moves client's straightened arm away from client's side of body toward head of bed, and returns client's straightened arm to midline of client's body (abduction/adduction)
(REPEAT AT LEAST 3 TIMES)
8. Places client's flexed elbow at client's shoulder level, rotates forearm toward head of the bed and rotates forearm down toward hip (rotation)
(REPEAT AT LEAST 3 TIMES)
- 9. While supporting the limb, moves joint gently, slowly, and smoothly through the range of motion to the point of resistance, discontinuing exercise if pain occurs**
10. Leaves bed in lowest position
11. Before leaving client, places signaling device within client's reach
12. Washes hands as final step

Performs Passive Range of Motion

(ROM) for One Knee and One Ankle SKILL 9

1. Washes hands before contact with client
2. Identifies self to client by name and addresses client by name
3. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
4. Provides for client's privacy throughout procedure with curtain, screen, or door
5. Supports client's leg at knee and ankle while performing range of motion for knee
6. Bends the knee to the point of resistance and then returns leg flat to bed (extension/flexion)
(REPEAT AT LEAST 3 TIMES)
7. Supports foot and ankle while performing range of motion for ankle
8. Keeping foot on bed, pushes/pulls foot toward head (dorsiflexion), and pushes/pulls foot down, toes point down (plantar flexion)
(REPEAT AT LEAST 3 TIMES)

Skill continues

9. **While supporting the limb, moves joints gently, slowly, and smoothly through the range of motion to the point of resistance, discontinuing exercise if pain occurs**
10. Leaves bed in lowest position
11. Before leaving client, places signaling device within client's reach
12. Washes hands as final step

Measures and Records Urinary Output **SKILL 10**

1. Washes hands as first step
2. Puts on gloves before handling bedpan
3. Pours the contents of the bedpan into measuring container without spilling or splashing any of the urine
4. Measures the amount of urine while keeping container level
5. After measuring urine, empties contents of measuring container into toilet without splashing
6. Rinses measuring container and pours rinse water into toilet
7. Rinses bedpan and pours rinse water into toilet
8. Returns bedpan and measuring container to proper storage
9. After storing bedpan and measuring container, removes and disposes of gloves without contaminating self
10. Washes hands before recording output
11. **Records contents of container in output column within \pm (plus or minus) 25 ccs/mls of evaluator's reading**

Assists Client With Use of Bedpan **SKILL 11**

1. Washes hands before contact with client
2. Identifies self to client by name and addresses client by name
3. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
4. Provides for client's privacy throughout procedure with curtain, screen, or door
5. Before placing bedpan, lowers head of bed

Skill continues

6. **Places bedpan correctly under client's buttocks (Standard bedpan: Position bedpan so wider end of pan is aligned with client's buttocks; Fracture pan: Position bedpan with handle toward foot of bed)**
7. Raises head of bed after placing bedpan under client
8. Puts toilet tissue within client's reach
9. Leaves signaling device within client's reach while client is using bedpan
10. Asks client to signal when finished
11. Lowers head of bed before removing bedpan
12. Puts on gloves before removing bedpan
13. Removes bedpan, empties contents into toilet
14. Rinses bedpan, pouring rinse water into toilet, and returns to proper storage
15. After storing bedpan, removes and disposes of gloves without contaminating self
16. Assists client to wash hands after using bedpan and disposes of soiled washcloth or wipes in proper container
17. Leaves bed in lowest position
18. Before leaving client, places signaling device within client's reach
19. Avoids unnecessary exposure of client throughout procedure
20. Washes hands as final step

Provides Perineal Care for Incontinent Client

SKILL 12

Steps 9 through 13 are order-dependent

1. Washes hands before contact with client
2. Identifies self to client by name and addresses client by name
3. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
4. Provides for client's privacy throughout procedure with curtain, screen, or door
5. Tests water temperature and ensures it is safe and comfortable before washing, and adjusts if necessary
6. Puts on gloves before contact with linen, incontinent pad, and/or client

Skill continues

7. Protects client from wet incontinent pad while keeping bed clean and dry (e.g., rolls pad into itself with wet side in/dry side out or removes pad and uses clean, dry pad or protective linen)
8. Exposes perineal area
- 9. Washes entire perineal area with soapy washcloth, moving from front to back, while using a clean area of the washcloth or clean washcloth for each stroke**
- 10. Rinses entire perineal area, moving from front to back, while using a clean area of the washcloth or clean washcloth for each stroke**
11. Dries entire perineal area moving from front to back, using a blotting motion with towel
12. Turns client on side
13. Washes, rinses, and dries buttocks and perianal area without contaminating perineal area
14. Removes wet incontinent pad or protective linen after drying buttocks
15. Places a dry incontinent pad underneath client
16. Repositions client
17. Disposes of linen and incontinent pad in proper containers
18. Empties, rinses, and wipes basin and returns to proper storage
19. Removes and disposes of gloves without contaminating self after returning basin to storage
20. Before leaving client, places signaling device within client's reach
21. Leaves bed in lowest position
22. Avoids unnecessary exposure of client throughout procedure
23. Washes hands as final step

Provides Catheter Care

SKILL 13

1. Washes hands before contact with client
2. Identifies self to client by name and addresses client by name
3. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
4. Provides for client's privacy throughout procedure with curtain, screen, or door

Skill continues

5. Tests water in basin to determine if it is safe and comfortable before washing, and adjusts if necessary
6. Puts on gloves before contact with linen and/or client
7. Exposes area surrounding catheter only
8. Places towel or pad under catheter tubing before washing
9. Applies soap to wet washcloth
- 10. Holds catheter near meatus to avoid tugging the catheter**
- 11. Cleans at least four inches of catheter nearest meatus, moving in only one direction (i.e., away from meatus) using a clean area of the cloth for each stroke**
- 12. Rinses at least four inches of catheter nearest meatus, moving in only one direction (i.e., away from meatus) using a clean area of the cloth for each stroke**
13. Disposes of linen in proper containers
14. Empties, rinses, and wipes basin and returns to proper storage
15. Removes and disposes of gloves without contaminating self after returning basin to storage
16. Before leaving client, places signaling device within client's reach
17. Leaves bed in lowest position
18. Avoids unnecessary exposure of client throughout procedure
19. Washes hands as final step

Takes and Records Oral Temperature **SKILL 14**

1. Washes hands before contact with client
2. Identifies self to client by name and addresses client by name
3. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
4. Holds oral thermometer by stem
5. Before inserting oral thermometer in client's mouth, shakes oral thermometer down to 96 degrees F or lower
6. Inserts bulb end of oral thermometer into client's mouth, under tongue and to one side
7. Tells client to hold oral thermometer in mouth with lips closed and assists as necessary

Skill continues

8. Leaves oral thermometer in place for at least 3 minutes
9. Reads oral thermometer before cleaning thermometer
10. Cleans oral thermometer and/or returns it to container for used thermometers
11. Before leaving client, places signaling device within client's reach
12. Washes hands after cleaning oral thermometer and/or returning it to container for used thermometers
- 13. Records oral temperature within \pm (plus or minus) 0.2 degrees of evaluator's reading**

Takes and Records Radial Pulse, and Counts and Records Respirations **SKILL 15**

1. Washes hands before contact with client
2. Identifies self to client by name and addresses client by name
3. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
4. Places fingertips on thumb side of client's wrist to locate pulse
5. Counts beats for 1 full minute
- 6. Records pulse rate within \pm (plus or minus) 4 beats of evaluator's reading**
7. Counts respirations for 1 full minute
- 8. Records respiration rate within \pm (plus or minus) 2 breaths of evaluator's reading**
9. Before leaving client, places signaling device within client's reach
10. Washes hands as final step

Takes and Records Client's Blood Pressure (One-Step Procedure) **SKILL 16**

1. Washes hands before contact with client
2. Identifies self to client by name and addresses client by name
3. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
4. Before using stethoscope, wipes diaphragm and earpieces of stethoscope with alcohol

Skill continues

5. Positions client's arm with palm up
6. Places blood pressure cuff snugly on client's upper arm, with sensor placed over artery
7. Locates brachial pulse with fingertips
8. Places diaphragm over brachial artery
9. Places earpieces of stethoscope in ears
10. Inflates cuff to no more than 30 mm Hg above the point at which pulse is last heard or felt
11. Deflates cuff slowly
12. Before leaving client, places signaling device within client's reach
- 13. Records both systolic and diastolic pressures each within \pm (plus or minus) 4 mm of evaluator's reading**
14. Washes hands as final step

Takes and Records Client's Blood Pressure (Two-Step Procedure)

SKILL 17

1. Washes hands before contact with client
2. Identifies self to client by name and addresses client by name
3. Explains procedure to client, speaking clearly, slowly, and correctly; maintains eye-to-face contact whenever possible
4. Before using stethoscope, wipes diaphragm and earpieces with alcohol
5. Positions client's arm with palm up
6. Places blood pressure cuff snugly on client's upper arm, with sensor placed over artery
7. Locates brachial pulse with fingertips
8. Inflates cuff to no more than 30 mm Hg above the point where pulse is last felt
9. Deflates cuff
10. Locates brachial pulse
11. Places diaphragm over brachial artery
12. Places earpieces of stethoscope in ears
13. Inflates cuff to no more than 30 mm Hg above point at which pulse was last felt
14. Deflates cuff slowly
15. Before leaving client, places signaling device within client's reach
- 16. Records both systolic and diastolic pressures each within \pm (plus or minus) 4 mm of evaluator's reading**
17. Washes hands as final step

Puts One Knee-High Elastic Stocking

On Client

SKILL 18

1. Washes hands before contact with client
2. Identifies self to client by name and addresses client by name
3. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
4. Provides for client's privacy during procedure with curtain, screen, or door
5. Turns stocking inside-out at least to heel area
6. Places foot of stocking over toes, foot, and heel
7. Pulls top of stocking over foot, heel, and leg
8. Moves client's foot and leg gently and naturally, avoiding force and over-extension of limb and joints throughout the procedure
- 9. Finishes procedures with no twists or wrinkles and stocking properly placed**
10. Before leaving client, places signaling device within client's reach
11. Washes hands as final step

Makes an Occupied Bed

SKILL 19

1. Washes hands before contact with client
2. Identifies self to client by name and addresses client by name
3. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
4. Places clean linen on clean surface within candidate's reach (e.g., bedside stand, overbed table, or chair)
5. Provides for client's privacy throughout procedure with curtain, screen, or door
6. Lowers head of bed before moving client
7. Loosens top linen from the end of the bed on working side
8. After raising side rail, assists client to turn onto side, moving away from candidate toward raised side rail
9. Loosens bottom soiled linen on working side
10. Moves bottom soiled linen toward center of the bed

Skill continues

11. Places and tucks in clean bottom linen or fitted bottom sheet on working side (If flat sheet is used, tucks in at top and working side)
12. After raising side rail, assists client to turn onto clean bottom sheet
13. Removes soiled bottom linen, avoiding contact with clothes, and places it in an appropriate location within the room
14. Pulls and tucks in clean bottom linen, finishing with bottom sheet free of wrinkles
15. Covers client with clean top sheet and appropriately removes soiled top sheet
16. Finishes with the clean linen anchored and centered
17. Replaces pillowcase
18. Before leaving client, places signaling device within client's reach
19. Leaves bed in lowest position
20. Disposes of soiled linen in soiled linen container
21. Avoids contamination of clean linen throughout procedure
22. Avoids unnecessary exposure of client throughout procedure
23. Washes hands as final step

Provides Foot Care

SKILL 20

1. Washes hands before contact with client
2. Identifies self to client by name and addresses client by name
3. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
4. Provides for client's privacy during procedure with curtain, screen, or door
5. Tests water temperature and ensures it is safe and comfortable before placing client's foot in water, and adjusts if necessary
6. Completely submerges foot in water
7. Removes foot from water, washing entire foot, including between the toes, with soapy washcloth
8. Rinses entire foot, including between the toes
9. Dries entire foot, including between the toes

Skill continues

10. Puts lotion in hand
11. Warms lotion by rubbing hands together
12. Massages lotion into entire foot (top and bottom), removing excess (if any) with a towel
13. Assists client to replace sock
14. Supports foot and ankle properly throughout procedure
15. Before leaving client, places signaling device within client's reach
16. Empties, rinses, and wipes bath basin, and returns to proper storage
17. Disposes of soiled linen in soiled linen container
18. Washes hands as final step

Provides Fingernail Care

SKILL 21

1. Washes hands before contact with client
2. Identifies self to client by name and addresses client by name
3. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
4. Tests water temperature and ensures it is safe and comfortable before immersing client's fingers in water, and adjusts if necessary
5. Immerses client's fingers in basin of water which is placed at a comfortable level for client
6. Dries client's hand, including between fingers
7. Cleans under nails with orangewood stick
8. Wipes orangewood stick on towel after each nail
9. Grooms nails with file or emery board
10. Finishes with nails smooth and free of rough edges
11. Before leaving client, places signaling device within client's reach
12. Empties, rinses, and wipes basin, and returns to proper storage
13. Disposes of soiled linen in soiled linen container
14. Washes hands as final step

Feeds Client Who Cannot Feed Self

SKILL 22

1. Washes hands before feeding client
2. Identifies self to client by name and addresses client by name
3. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
4. Before feeding client, ensures client is in an upright sitting position
5. Before feeding, picks up name card and verifies that client has received the tray prepared for him/her
6. Before feeding client, assists client to put on clothing protector
7. Sits at client's eye level
8. Alternates types of food offered, allowing for client preferences (i.e., does not feed all of one type before offering another type)
9. Offers the food in bite-size pieces
10. Makes sure client's mouth is empty before next bite of food or sip of beverage
11. Offers beverage to client throughout the meal
12. Talks with client during meal
13. Wipes food from client's mouth and hands as necessary and at the end of the meal
14. Removes clothing protector and disposes in proper container
15. Before leaving client, places signaling device within client's reach
16. Removes food tray
17. Washes hands as final step

Positions Client on Side

SKILL 23

1. Washes hands before contact with client
2. Identifies self to client by name and addresses client by name
3. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
4. Provides for client's privacy throughout procedure with curtain, screen, or door
5. Before turning client, lowers head of bed
6. Before turning client, moves client's body toward self
7. After raising side rail, slowly rolls client onto side toward raised side rail while supporting client's body
- 8. Positions client in proper body alignment (Proper body alignment requires:**
 - **head supported by pillow**
 - **shoulder adjusted so client is not lying on arm**
 - **top arm supported**
 - **back supported by supportive device**
 - **top knee flexed**
 - **top leg supported by supportive device with hip in proper alignment)**
9. Covers client with top linen
10. Before leaving client, places signaling device within client's reach
11. Leaves bed in lowest position
12. Washes hands as final step

Gives Modified Bed Bath (Face and One Arm, Hand and Underarm)

SKILL 24

1. Washes hands before contact with client
2. Identifies self to client by name and addresses client by name
3. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
4. Provides for client's privacy throughout procedure with curtain, screen, or door
5. Removes or folds back top bedding, keeping client covered with bath blanket (or top sheet)
6. Removes client's gown
7. Tests water temperature and ensures it is safe and comfortable before bathing client, and adjusts if necessary
8. Washes face with wet washcloth (no soap) beginning with the eyes, using a different area of the washcloth for each eye, washing inner aspect to outer aspect
9. Dries face with towel, using a blotting motion
10. Exposes one arm
11. Places towel underneath arm
12. Using washcloth and towel, washes with soap, rinses, and dries arm, hand, and underarm
13. Moves client's body gently and naturally, avoiding force and over-extension of limbs and joints throughout the procedure
14. Puts clean gown on client
15. Removes bath blanket and pulls up bedcovers
16. Before leaving client, places signaling device within client's reach
17. Empties, rinses, and wipes bath basin and returns to proper storage
18. Places soiled clothing and linen in soiled linen containers
19. Leaves bed in lowest position
20. Avoids unnecessary exposure of client throughout procedure
21. Washes hands as final step

Shampoos Client's Hair in Bed

SKILL 25

1. Washes hands before contact with client
2. Identifies self to client by name and addresses client by name
3. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
4. Provides for client's privacy during procedure with curtain, screen, or drape
5. Tests water temperature to ensure it is safe and comfortable before wetting client's hair, and adjusts if necessary
6. Lowers head of bed to a safe level (e.g., 30 degrees) and removes pillows
7. Protects the bed with waterproof covering
8. Places collection container under client's head (e.g., trough basin, shampoo bowl)
9. Protects client's eyes with dry washcloth
10. Wets hair and applies shampoo
11. Lathers and massages scalp with fingertips
12. Rinses hair until water runs clear
13. Covers hair with towel
14. Removes collection container and waterproof covering
15. Before drying and combing hair, raises head of bed
16. Dries and combs client's hair according to client preference
17. Before leaving client, places signaling device within client's reach
18. Empties, rinses, and wipes bath basin/pitcher and returns to proper storage
19. Cleans comb/brush and returns hairdryer and comb/brush to proper storage
20. Places soiled linen in soiled linen container
21. Washes hands as final step

EXAM DAY

WHAT TO BRING

You must have the following items with you when you take the examination:

- Two (2) forms of signature identification, one of which must be photo identification. The name on your identification must be the same as the name you used on the application to register for the examination. If your name is different, you **MUST** bring proof of your name change (a copy of an official document such as a marriage license or divorce decree) to the test center, **or you will be unable to test and will not be refunded your examination fee.**

NOTE: *If you are registering through Sponsorship Route S1 or S2 and do not have photo-bearing identification, you may get a substitute for photo identification from your sponsor. Bring your substitute for photo identification with you when you test. It will only be acceptable as one form of identification, however. You still must present a second form of signature-bearing identification.*

- Three (3) No. 2 pencils (sharpened)
- Eraser
- Your Social Security number
- Watch with a second hand
- Non-skid footwear

No other materials will be allowed.

Please note that you **MUST** have the above items with you on the day of testing. If you do not bring the above items with you on the day of testing, you will **NOT** be allowed to test and your examination fee will **NOT** be returned.

SKILLS EVALUATION

VOLUNTEER REQUIREMENT

You will need to act as a volunteer for the Skills Evaluation. You will be expected to play the role of a nursing home patient. **Please make sure you wear loose-fitting clothing and non-skid footwear to the Skills Evaluation.** A card with directions about how to volunteer will be given to you by the Nurse Aide Evaluator on the day of the Skills Evaluation.

SECURITY AND CHEATING

If you give help to or receive help from anyone during testing, the examination will be stopped. You will be asked to return the examination materials and leave the room immediately. The incident will be reported to the DHHS for review, and your examination will not be scored.

Please note that all examination questions, each form of the examination, and all other examination materials are copyrighted by and the property of Promissor. Consequently, any distribution of the examination content or materials through any form of reproduction, or through oral or written communication, is strictly prohibited and punishable by law. ***Anyone who removes or tries to remove examination material or information from the test center will be prosecuted.***

TESTING POLICIES

The following policies are observed at each test center.

Lateness

Plan to arrive about thirty (30) minutes before the examination starts. If you are late for your scheduled examination, or do not bring all of your required materials, you will **NOT** be allowed to test and your examination fee will **NOT** be returned. Please note that if you are late for the Written (or Oral) Examination, but arrive on time for the Skills Evaluation, you **will** be allowed to take the Skills Evaluation.

If you are late for your Skills Evaluation or do not bring all your required materials, you will **NOT** be allowed to test and you will be required to re-apply and pay another examination fee (see *Cancellation* for more details).

Electronic Devices

Cellular phones, beepers, or any other electronic devices are not permitted to be used and must be turned off during testing. There is no place for storage of personal belongings at the test center.

Study Aids

You are not permitted to take personal belongings such as briefcases, large bags, study materials, extra books, or papers into the examination room. Any such materials brought into the examination room

will be collected and returned to you when you have completed the examination. Promissor is not responsible for lost or misplaced items.

Eating/Drinking/Smoking

You are not permitted to eat, drink, or smoke during the examination.

Misconduct

If you are discovered causing a disturbance of any kind or engaging in any kind of misconduct, you will be dismissed from the examination and the incident will be reported to the South Carolina Department of Human Services. Decisions regarding disciplinary measures are the responsibility of this agency.

Guests/Visitors

No guests, visitors, pets, or children are allowed at the test center.

SCORE REPORTING

EXAM RESULTS

The Nurse Aide Evaluator may not answer questions about your Score Report. If you have questions about your Score Report, or the content of the examination, call Promissor at (800) 475-8290.

Written (or English or Spanish Oral) Exam

After you finish the Written (or English or Spanish Oral) Examination, the Nurse Aide Evaluator will fax your answer sheet for scoring. Within approximately ten (10) minutes (from the time the answer sheet was faxed), you will receive an official Score Report. The Score Report will indicate whether you have passed or failed the Written (or Oral) Examination.

Skills Evaluation

The Nurse Aide Evaluator will also fax your Skills Evaluation results for scoring. After the Nurse Aide Evaluator evaluates your performance, he or she will fax the Skills Evaluation answer sheet for scoring. Within approximately ten (10) minutes (from the time the answer sheet was faxed), you will receive an official Score Report. The Score Report will indicate whether you have passed or failed the Skills Evaluation.

Occasionally, due to technical difficulties, Score Reports may not be received at the test center on the day of testing. If this happens your answer sheet will be mailed overnight to Promissor for handscoring. Your Score Report will then be mailed out to you within 5-7 business days after testing. For questions regarding delayed Score Reports, please contact Promissor at (800) 247-2900.

FAILING

If you fail the Written (or English or Spanish Oral) Examination or the Skills Evaluation, your Score Report will provide you with information on how to re-apply for the part or parts that you failed. To re-test, complete a new application and submit it to NACES with a copy of your training program's certificate of completion and a fee of \$36 for the Written Examination, \$50 for the Skills Evaluation, and/or \$54 for the Oral Examination.

You are permitted three (3) attempts by state and federal regulations to pass both the Skills Evaluation and the Written (or Oral) Examination. If you should fail either part or both parts three (3) times, you will be required to successfully complete a state-approved training program and re-take both parts. You must take and pass both the Written (or Oral) Examination and the Skills Evaluation within a twenty-four (24) month period in order to be placed on the South Carolina Nurse Aide Registry.

PASSING

Once you have passed both the Written (or English or Spanish Oral) Examination and the Skills Evaluation, your name will be placed on the South Carolina Nurse Aide Registry. Approximately ten (10) business days from the day on which you successfully complete both parts of the NNAAP™ Examination, Promissor will mail your Nurse Aide Certificate and Wallet Identification Card to you. If you have not received your Nurse Aide Certificate and Wallet Identification Card from Promissor thirty (30) days after the examination, contact Promissor at (800) 475-8290. **Please note that your Nurse Aide Certificate is valid for twenty-four (24) months from the date it was issued.**

After you have passed both the Written (or Oral) Examination and the Skills Evaluation, you may view your name on the Registry by going to Promissor's Web site at www.promissor.com and clicking on "Registry Services".

DUPLICATE SCORE REPORT

If you lose your Score Report or need a duplicate Score Report, or would like a handscoring of your Written (or English or Spanish Oral) Examination or Skills Evaluation, complete the *Request for Duplicate Score Report or Handscored Answer Sheet Form* and mail it to Promissor (see *Appendix A*).

THE REGISTRY

CHANGE OF ADDRESS OR NAME

The South Carolina Nurse Aide Registry must be kept informed of your current address.

There is no charge for changing your name or address on the Registry. Call Promissor at (800) 475-8290 to change your mailing address on the Registry. You may also notify Promissor of a name or address change by using the *Change of Address or Name Form* in the back of this handbook.

If your name changes at any time after you are placed on the Registry, you must send written notification of this change to Promissor. Please remember, however, that if you changed your name, you **MUST** provide official documentation along with your notification. Written documentation may be a notarized copy of a marriage certificate, divorce decree, or other official document. Your notification must include your previous name, current name, mailing address, phone number, and Social Security number.

Failure to inform the Registry of an address change may jeopardize your certification status. A current address is required for you to receive notification of certification renewal.

RE-CERTIFICATION

Nurse aides on the South Carolina Nurse Aide Registry must renew their certification through Promissor in order to stay active. To be eligible for re-certification, you must have worked for pay as a nurse aide performing nursing-related services for at least eight (8) consecutive hours during the twenty-four (24) months prior to your certification expiration date.

Renewal Notice

A South Carolina Nurse Aide Certificate is valid for twenty-four (24) months from the date it was issued. Approximately sixty (60) days before the expiration of your certification, Promissor will send a Renewal Notice to the mailing address listed on the Registry. Make sure that your current address and name are correct on the Registry by calling Promissor at (800) 475-8290 or by going to Promissor's Web Site at www.promissor.com and clicking on "Registry Services", select "South Carolina Nurse Aides", and then "Search the Nurse Aide Registry". If your name and address are not correct, Promissor will be unable to notify you when your certification is about to expire.

NOTE: *If you have moved, you must notify Promissor. If you do not notify Promissor of an address change, you will not receive your Renewal Notice.*

When you receive your Renewal Notice from Promissor, contact your current employer. Your employer is required to complete the employer section of the Renewal Notice. If you are not employed as a nurse aide at the time of re-certification, your last nurse aide employer must complete the employer section of the Renewal Notice. In filling out this section, your last nurse aide employer attests to your employment within the twenty-four (24) months prior to the date your certification expired. Please note that the date of hire on your Renewal Notice **MUST** be a date prior to the date your certification expired.

Re-certification Fee

The fee for re-certification is \$25. This fee is non-refundable and non-transferable. The nursing home will pay re-certification fees for nurse aides who are employed in Medicaid-certified nursing homes on a

permanent, part-time, or full-time basis and for nurse aides who have a written and signed acceptance of employment on file at one of these facilities.

Re-certification fees not paid for by the nursing home must be submitted along with your Renewal Notice. If it is necessary for you to pay the re-certification fee, you will need to submit a money order made payable to "Promissor". The money order must display your name. **Personal checks will not be accepted.**

Certificate and Wallet Identification Card

Upon re-certification, you will receive a new Nurse Aide Certificate and Wallet Identification Card indicating the new certification period, which will be twenty-four (24) months from your previous certification expiration date. **Please remember to notify Promissor by calling (800) 475-8290 whenever there is a change in your mailing address or name. Official documentation is required for name changes.**

LAPSED CERTIFICATION

If your nurse aide certification has lapsed on the Registry, and you would like to re-activate it, you will be required to train or retrain and/or retest based on whether you **HAVE** or **HAVE NOT** completed a state-approved nurse aide training program and/or worked for pay as a nurse aide for eight (8) consecutive hours in twenty-four (24) months. To find out if you need to retrain and/or retest, please see the three situations below.

- If your nurse aide certification has lapsed on the Registry, and you:
 - 1) **HAVE NOT** previously completed a state-approved nurse aide training program; and
 - 2) **HAVE NOT** worked for pay as a nurse aide for eight (8) consecutive hours in twenty-four (24) months, *you must train at a state-approved training program and retest and pass both the Written (or English or Spanish Oral) Examination and the Skills Evaluation before you can be re-activated on the Registry.*

- If your nurse aide certification has lapsed on the Registry, and you:
 - 1) **HAVE** completed a state-approved nurse aide training program; and
 - 2) **HAVE NOT** worked for pay as a nurse aide for eight (8) consecutive hours in twenty-four (24) months, *you will ONLY be required to retest, which means you must pass both the Written (or English or Spanish Oral) Examination and Skills Evaluation before you can be re-activated on the Registry.*
- If your nurse aide certification has lapsed on the Registry, and you:
 - 1) **HAVE** completed a state-approved nurse aide training program; and
 - 2) **HAVE** worked for pay as a nurse aide for eight (8) consecutive hours in (24) twenty-four months, *you will ONLY be required to retest, which means you must pass both the Written (or English or Spanish Oral) Examination and Skills Evaluation before you can be re-activated on the Registry.*

For more information about re-activating your nurse aide certification on the Registry, please call Promissor at (800) 475-8290.

To view a list of South Carolina state-approved training programs go to Promissor's Web Site at www.promissor.com and click on "Registry Services", select "South Carolina Nurse Aides", then "State-approved NA Training Programs (by city)".

CERTIFICATION BY RECIPROCITY

Reciprocity is a process by which a certified nurse aide from another state may qualify for certification in South Carolina because of his or her certification status. Please note that there is **NO** fee for certification by reciprocity.

You are eligible for reciprocity if you are a nurse aide in a state other than South Carolina in accordance with the competency evaluation requirements of OBRA '87, and if you are currently listed on another state's registry as active and in good standing.

Nurse aides from out of state who are eligible for reciprocity should complete a Reciprocity Application. Reciprocity Applications can be obtained by calling Promissor at (800) 475-8290, or by downloading the *Application for Enrollment by Reciprocity* from Promissor's web site. You must mail the completed application to:

Promissor/SCNA
PO Box 13785
Philadelphia, PA 19101-3785

The length of the reciprocity process depends on the time it takes your state to provide Promissor with documents verifying your status as a nurse aide. Promissor will process your request as soon as they receive an application from you, and the necessary registry verification from the state in which you are certified. The entire process takes a minimum of thirty (30) days from the date your reciprocity request is received at Promissor. When all materials are received, you will receive your Nurse Aide Registry Certificate and your name will be placed on the South Carolina Nurse Aide Registry, or a denial letter indicating that additional information is required to complete the process. If you are placed on the South Carolina Nurse Aide Registry, your certification expiration date is retained from the state in which you were originally certified. Please note that once you receive your certification by reciprocity, your name will be on the South Carolina Nurse Aide Registry and the State Registry in which you were originally certified.

**South Carolina
Nurse Aide****Request for Duplicate Score Report
or Handscored Answer Sheet**

DIRECTIONS: You may use this form to request Promissor to send a duplicate copy of your Score Report or to request a handscore of your Written (or English or Spanish Oral) Examination or Skills Evaluation answer sheet. Please print or type all information on the reverse side of this form and include correct fees, or your request will be returned. Check the service requested:

Duplicate Score Report

Handscore

FEE: \$15 each. Please enclose certified check or money order made payable to "Promissor Processing Center". Do not send cash. Write the Promissor identification number found on your Score Report or your Social Security number on your payment.

SEND TO: SC NNAAP™
Promissor Processing Center
PO Box 13785
Philadelphia, PA 19101-3785

AMOUNT ENCLOSED:

\$ _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Please complete the following form with your current name and address. All information must be complete and accurate to ensure proper processing.

Name _____

Street _____

City _____ State _____ Zip _____

Tel. (_____) _____ Promissor Identification Number or Social Security Number _____

If the above information was different at the time you were tested, please indicate original information.

Name _____

Street _____

City _____ State _____ Zip _____

Tel. (_____) _____

I hereby authorize Promissor to send to me at the address above a duplicate of my Score Report or the handscored results of my Written (or English or Spanish Oral) Examination or Skills Evaluation.

Your Signature _____ Date _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

**South Carolina
Nurse Aide****Change of Address or Name**

DIRECTIONS: Use this form to inform the Registry of your change of address or name. Please print or type all information on the reverse side of this form. Be sure to provide all information, or your request cannot be accepted.

For name changes you must also provide written documentation of your name change.

SEND TO: South Carolina Nurse Aide Registry
Promissor/SCNA
PO Box 13785
Philadelphia, PA 19101-3785

PLEASE COMPLETE OTHER SIDE OF THIS FORM

Print your new name and address below.

Name _____

Street _____

City _____ State _____ Zip _____

Tel. (_____) _____

C
H
A
N
G
E

Please print your old name and address below.

Name _____

Street _____

City _____ State _____ Zip _____

Social Security Number _____ Nurse Aide Certification Number _____

Your Signature _____ **Date** _____

NOTE: A copy of an official document (marriage certificate or other court order) verifying your name change must accompany this request if you are notifying the South Carolina Nurse Aide Registry of a change in name.